

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8142</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>Victoria R Collins</b>  P.O. Box, Bldg., Room No., if any  Street <b>2116 Kennedy</b>  City <b>Rochester Hills</b>  State <b>Michigan</b> ZIP Code + 4 <b>48309</b>	4. Name, file number, and address of labor organization.  Name <b>UFCW Local 876</b>  Labor Organization File Number <b>039-461</b>  P.O. Box, Building and Room Number, if any  Street <b>876 Horace Brown Drive</b>  City <b>Madison Heights</b>  State <b>Michigan</b> ZIP Code + 4 <b>48071</b>
5. Position in labor organization. <b>President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Victoria R. Collins*

On

8/10/2004

Date

(248) 585-9671

Telephone Number

Name of Person Filing Victoria Collins	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Klimist, McKnight, Sale, McClow &amp; Canzano</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 117</p> <p>Street 400 Galleria Officentre</p> <p>City Southfield</p> <p>State Michigan ZIP Code + 4 48034</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Legal Services to UFCW Local 876</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Gift - Briefcase</p>
	<p>12.b. Amount. \$275</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Victoria Collins

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 101 N. Wacker Drive

City Chicago

State Illinois

ZIP Code + 4 60606-1724

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Michigan UFCW Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 876 Horace Brown Drive

City Madison Heights

State Michigan

ZIP Code + 4 48071

11.a. Nature of such dealing.

Benefits Consultant

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals

12.b. Amount.

\$348

Name of Person Filing Victoria Collins	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Health Alliance Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2850 West Grand Boulevard</p> <p>City Detroit</p> <p>State Michigan ZIP Code + 4 48202</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Michigan UFCW Health &amp; Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 876 Horace Brown Drive</p> <p>City Madison Heights</p> <p>State Michigan ZIP Code + 4 48071</p>	<p>11.a. Nature of such dealing.</p> <p>PPO Network</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Flowers &amp; Holiday Ornament</p>
	<p>12.b. Amount. \$94</p>